

DEC. 18. 2008 2:57PM EAP&D 617 227 4420

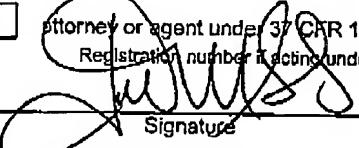
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PTO/SB/22 (10-08)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)		
FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).)</i>		58369(71699)		
Application Number	10/635,241-Conf. #6657	Filed August 5, 2003		
For SYSTEM, SOFTWARE, AND METHODS FOR BIOMARKER IDENTIFICATION				
Art Unit	1631	Examiner M. I. Miller		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ 245.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u>				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,624</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number & acting under 37 CFR 1.34 _____				
 <u>December 18, 2008</u> Date				
<u>Jonathan M. Sparks, Ph.D.</u> Typed or printed name				
<u>(617) 517-5543</u> Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			

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